

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/022394

FILING DATE

APPLICANT(S)

4-9-10

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3			1			
4			1			
5						
6				1		
7				1		
8				1		
9				1		
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18				1		
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			211			
TOTAL CLAIMS			214			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						